

Montgomery County Department of Recreation
Health & Information Form: Participant
(Please Print)

Instructions: Complete this form carefully and accurately, and **bring it to the program on the first day of camp.** Be sure to attach all required additional forms for prescription medication and for immunization verification (see instructions below). **If you register for Extended Camp or transfer to a different camp during the summer, you must bring a new copy to these camps.** (To make it easier for you, please make the number of copies you need for the summer.)

Camper Information

Child's Name: _____ Child's Age: _____ DOB: ____ / ____ / ____

Parent/Guardian Name(s): _____ Child: ☐ Male ☐ Female

Address: _____

Home Phone: _____ Cell Phone: _____

Mom's Day Phone: _____ Dad's Day Phone: _____

In case of emergency and a parent is not available, we should contact: _____

Relationship: _____ Phone(s): _____

Child's Health Insurance: _____ Policy #: _____

Doctor's Name: _____ Phone: _____

Release Authorization

At the conclusion of the camp day, I authorize the following people to pick up my child from camp:
(List your name and any other individuals you authorize who are at least 16 years old.)

1. _____ 2. _____

3. _____ 4. _____

I understand that my child will only be released to these individuals, and they will be expected to sign my child out each day and may be requested to show identification.

Signed: _____

Immunization Requirements

All children who attend Montgomery County Recreation camps must have current immunization against diphtheria, tetanus, pertussis, polio, measles (rubeola), German measles (rubella) and mumps.

- ☐ Maryland school or licensed day care attended this year: _____
(Note: Attending a licensed school or day care in the state of Maryland verifies immunization.)
- ☐ A camper who does not attend a Maryland public or private school (i.e., home schooled or out-of-state school), must attach a Maryland State Immunization certificate. Call 240-777-6870 or go online at montgomerycountymd.gov/rec to get a form.
- ☐ My child must be exempted from immunization on medical or religious grounds.
Call 240-777-6870 or go online at montgomerycountymd.gov/rec to get a form.

(over)

Health Information

Print Name of Child: _____

- Date of Child's last Tetanus shot: _____ (***must be completed for child to attend***)
- Are there any medical issues (including but not limited to asthma, diabetes and epilepsy) that may need emergency treatment? ☐ Yes ☐ No
(Note: For emergency medical treatment, 911 will be called.)
If yes, explain and provide physician's statement: _____

- Please list your child's allergies: _____

- If your child must receive medication during program hours, please call 240-777-6870 or go online (montgomerycountymd.gov/rec) to get an Authorization for Prescription Medication form, which must accompany this form. List medications here:

- Are there any special needs and/or disabilities or specific treatment your child requires on a long-term regular basis? Please help us serve your child by being specific.

Swimming Level

My child is: ☐ a non-swimmer ☐ not proficient but can swim ☐ a skilled swimmer

Camper Code of Conduct (Little People Centers do not need to sign.)

You and your child are expected to read the Camper Code of Conduct together in order to help your child behave appropriately while at camp. By signing below, you are acknowledging that you have read, discussed, and agree with the Camper Code of Conduct and that failure to follow it will result in disciplinary action.

Parent Signature: _____

Date: _____

Camper Signature: _____

Date: _____

Registration Release Statement

The participant assumes all risks associated with participation in the program; the County and the contractor assume no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County and the contractor encourage each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent/guardian approves his or her participation in the program. By signing here, I verify that all information on this form is correct, and I agree with the release statement above.

Parent Signature: _____

Date: _____